when treatment is intensive or prolonged. In prednisolone in regard to kinds of side effects trials with MEDROL Tablets in dogs and cats. have been conspicuously absent during clinical likelihood of occurrence of troublesome side as they are reported in the veterinary literature. Moreover, the veterinarian should endeavor to keep informed of current studies with MEDROL should be under close medical supervision. All precautions pertinent to the use MEDROL should be under close medical. If such reactions do occur and are serious, methylprednisolone tablets should be discontinued. Adequate adrenocortical supportive control by use of appropriate antibacterial control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive treatment may be indicated. If such reactions do occur and are serious, methylprednisolone tablets should be discontinued. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained, the daily dose treatment but for some time after treatment is terminated. Adequate adrenocortical supportive control ecchymotic tendencies. Concurrent use of daily oral supplements of anabolic agent. Excessive loss of potassium, to clinical response is obtained.